MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09918

09918 **CERTIFICATE OF DEATH** Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 42; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 3 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke X; STREET ADDRESS (If rural give location) RFD 3

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) T. (Last) AYDELOTTE

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 7, 1887	67 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner	Farming	Maryland	USA

13. FATHER'S NAME: John L. Aydelotte

14. MOTHER'S MAIDEN NAME: Libby Boston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	None	Sherrard B. Aydelotte, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerotic Cardiovascular,

DUE TO (C) renal disease — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 54, to Oct. 26, 19 54 that I last saw the deceased alive on Oct. 25, 19 54, and that death occurred at 1045 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. Paul Owen — ADDRESS Snow Hill Md — DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-29-54	Presbyterian Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 29, 1954	Anne E. White	Henry H. Watson, Pocomoke, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

09919

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09921

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Girdletree X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) Leon (Last) Collins

4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: July 31-1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country) Girdletree, md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leon Collins
14. MOTHER'S MAIDEN NAME: Queen Esther Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 70 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Leon Collins, Girdletree, md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

IMMEDIATE CAUSE (A) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9/54, 19....., to 10/11/54, 19....., that I last saw the deceased alive on 10/10/54, 19....., and that death occurred at 4.00 A M, from the causes and on the date stated above.

SIGNATURE Paul [signature] M. D. ADDRESS Snow Hill Md DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 11/54
NAME OF CEMETERY OR CREMATORY Coolspring
LOCATION (City, town, or county) Girdletree (State) md

DATE REC'D BY LOCAL REGISTRAR Oct 14, 1954
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Alley E. Dennis, ADDRESS Snow Hill, md

M

— MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

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OCT 14 1954
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09920

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09919

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): RFD 3

3. NAME OF DECEASED: (Type or Print) (First) OLIVE (Middle) P. (Last) EAST

4. DATE OF DEATH: (Month) Oct. (Day) 4, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1906

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George C. Mason

14. MOTHER'S MAIDEN NAME: Lula V. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Leroy East, RFD 3, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carcinoma of breast

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 3 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to Oct 4, 1954, that I last saw the deceased alive on Oct 2, 19 54 and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Casey — ADDRESS: Snow Hill Md — DATE SIGNED: 10/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/7/54 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 6, 1954 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

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OCT 8 1954
BUREAU V. S.

09922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09922 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Wicomico St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 213 Wicomico St

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) LOUIS (Last) HARLOW
4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Sept 13 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Baber	Barbering	Richmond Virginia	U.S.A.

13. FATHER'S NAME: (UNKNOWN) Harlow
14. MOTHER'S MAIDEN NAME: Sarah Jane Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Daughter Hermine Harrison 215 Wicomico St Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Rupture of Abdominal Aortic Aneurysm	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) generalized Arteriosclerotic C.V.D.	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Tbc Bilateral Apical. ?

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ocean City, Md. Worcester Co. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Oct. 25, 54.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-25-54	Evergreen Cemetery	Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-30-54	Helen F Hayward	Mary M. Stewart 324 E. Church St. Salisbury, Maryland

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09923 09923

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Ocean City
LENGTH OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40th St N. Ocean City

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE PENNA COUNTY Delaware
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper DARBY
STREET ADDRESS (If rural, give location) 7043 Guilford Rd.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Bosler (Last) HENRY

4. DATE OF DEATH (Month) Oct (Day) 2 (Year) 1954

5. SEX: M | **6. COLOR OR RACE:** W | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** M | **8. DATE OF BIRTH** June 26 1892 | **9. AGE last birthday:** 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of wprk life, even if retired): Supervisor | **10b. KIND OF BUSINESS OR INDUSTRY:** atlantic Marine Terminal | **11. BIRTHPLACE** (State or foreign country): Phila PENNA | **12. CITIZEN OF WHAT COUNTRY:** USA.

13. FATHER'S NAME: William W. HENRY | **14. MOTHER'S MAIDEN NAME:** MARGARET LOGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) World War I | **16. SOCIAL SECURITY NO.:** 16 / 01 2228 | **17. INFORMANT & ADDRESS:** Edna M Henry (wife) 7043 Guilford Upper Darby Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis acute — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY | **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Howard J. Worcester Co. Ocean City Md. M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ | DATE SIGNED Oct 2, 54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 10/5/54 | NAME OF CEMETERY OR CREMATORY Holy Cross Cem. | LOCATION (City, town, or county) (State) YEADON, PENN.

DATE REC'D BY LOCAL REG. 10-2, 1954 | REGISTRAR'S SIGNATURE Helen F Hayward | **24. FUNERAL DIRECTOR** Riel & Johnson Co. Franklin B Riel Jr. | ADDRESS Salisbury, Md.

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OCT 6 1954
BUREAU V. S.

09924

MARYLAND 09924

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shawell X
LENGTH OF STAY (In this place) 2 Weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) RFD.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Kathryne (Last) Latchum

4. DATE OF DEATH (Month) Oct. (Day) 18 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 25, 1897
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? US A.

13. FATHER'S NAME William F. Latchum
14. MOTHER'S MAIDEN NAME Lettie A. Murray.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-26-3596
17. INFORMANT AND ADDRESS Mrs Alice Long Shawell Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anemia, sec to Chronic — 6 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Glomerulo nephritis due to — 5 mo.

(c) Pyelitis c Pyonephrosis — 3-4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia severe, sec to abov — 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Oct 18, 1954, that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 3 a m m., from the causes and on the date stated above.

SIGNATURE Hermanek Kablus (Degree or title) MCD ADDRESS Berlin, Mary DATE SIGNED 10/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 20, 1954
NAME OF CEMETERY OR CREMATORY LOOF
LOCATION (City, town, or county) (State) Bishopville, Md.

DATE REC'D BY LOCAL REG. 10/19/54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Whaley Selbyville, Del. ADDRESS

09925

MARYLAND 09925

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Showell — LENGTH OF STAY (in this place): 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Campbelltown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lettie (Middle) A. (Last) Latchum
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 1, 1864
9. AGE last birthday: 90 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Handy Murray
14. MOTHER'S MAIDEN NAME: Janie Rodgers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Alice Long Showell Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — minut

Antecedent cause(s) (b) Coronary Sclerosis c̄ atherosclerosis — 10 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinonomia, left breast c̄ Excitant — 5 y

19a. DATE OF OPERATION: 1949
19b. MAJOR FINDINGS OF OPERATION: Cy Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Oct 20, 1954, that I last saw the deceased alive on Oct 19, 1954 and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: Hermann Cobbers M.D. (Degree or title) ADDRESS: Berlin, Md. DATE SIGNED: 10/22/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Oct. 23, 1954
NAME OF CEMETERY OR CREMATORY: I.O.O.F.
LOCATION (City, town, or county) (State): Bishopville, Md.
DATE REC'D BY LOCAL REG.: 10-23-54
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville Md.

MARGIN RESERVED FOR BINDING

OCT 26
AU V. 3

09926

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09920

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) W. (Last) Littleton

4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 19, 1890
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Dry Goods
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William L. Littleton
14. MOTHER'S MAIDEN NAME: Astella V. Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 213-01-8904
17. INFORMANT & ADDRESS: Charles C. Littleton Berginfield 40 D. Georgia Court, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 1 year?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1954, to Oct 24 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 1035 M, from the causes and on the date stated above.

SIGNATURE C. E. Cichetti M. D. ADDRESS Mar Chichette DATE SIGNED 10 25 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct 26-1954
NAME OF CEMETERY OR CREMATORY: St. Paul's M.E. Cemetery
LOCATION (City, town, or county) (State): Marion Station Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 26, 1954
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR: Henry H. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09928

09926 **CERTIFICATE OF DEATH** Reg. Dist. No. 955

1. PLACE OF DEATH. COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X
LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY WORCESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN
STREET ADDRESS (If rural give location) OCEAN CITY RD

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) BELLE (Last) MUNDY
4. DATE OF DEATH: (Month) OCT. (Day) 17 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: MAR. 23, 1868
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): POCOMOKE CITY MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS COLLINS
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: MRS. E. M. BYRD, BERLIN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension arteriosclerotic C-V disease — 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Oct, 1954, to 17 Oct, 1954, that I last saw the deceased alive on 17 Oct, 1954, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE: V. T. Thomas M.D. M. D. ADDRESS: Ocean City DATE SIGNED: 18 Oct 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 10/19/54
NAME OF CEMETERY OR CREMATORY: SALEM M. E. CEM.
LOCATION (City, town, or county) (State): POCOMOKE CITY MD

DATE REC'D BY LOCAL REGISTRAR: 10-18-54
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anne A. Burbage ADDRESS: Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-[illegible]

OCT 2[illegible] 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9929

09927

CERTIFICATE OF DEATH

Reg. Dist. No. . .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin ✓

LENGTH OF STAY (in this place): Most of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Berlin, Route # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ✗ Berlin

STREET ADDRESS (If rural give location): Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Maggie (Last) Purnell

4. DATE OF DEATH: (Month) 10 - (Day) 13 - (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: About 1895

9. AGE last birthday: About 59 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Henry

14. MOTHER'S MAIDEN NAME: Ellen Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George E. Purnell, Berlin, Worcester Co., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary edema	3 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Congestive heart failure.	24 hrs
	DUE TO (c)	Hypertensive & Vascular Disease	Several yrs (5)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic glomerulonephritis	4-5 yrs

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 14 Jan., 1954, to 10/11, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at 5AM; 10/12/54 from the causes and on the date stated above.

SIGNATURE: Geo. E. Purnell, Jr. (Degree or title) MD — ADDRESS: Berlin, Md — DATE SIGNED: 10/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 10-15-'54 — **NAME OF CEMETERY OR CREMATORY:** Evergreen Cemetery — **LOCATION** (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 10-19-54 — **REGISTRAR'S SIGNATURE:** Helen F Hayward.

24. FUNERAL DIRECTOR — **ADDRESS:** Mary A. Stewart, 324 E. Church St, Salisbury, Maryland

STEWART FUNERAL HOME

09928 (69930)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 23yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St Hy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Washington St

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Mae (Last) Purnell
4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: Wht | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): | 8. DATE OF BIRTH: Oct 27th 1929 | 9. AGE Last birthday: 26 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Nassawadox Va | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Wise
14. MOTHER'S MAIDEN NAME: Isabelle Badger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John Wise Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Undetermined — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Probably due to Ruptured Ectopic pregnancy

DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. A fall onto abdomen

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home | 21c. (City or town) Snow Hill (County) Worcester Co (State) Md

21d. TIME OF INJURY (Month) Oct (Day) 2nd (Year) 1954 (Hour) 10:30 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE N. E. Tartonis M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Oct 3rd 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Oct 5/54 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) Nassawadox Virginia (State)

DATE REC'D BY LOCAL REG. Oct 7, 54 | REGISTRAR'S SIGNATURE Eunice G. Cooper | 24. FUNERAL DIRECTOR Tilley & Timmis | ADDRESS Snow Hill Md

OCT 8 19[illegible]
BUREAU V. S.

Item 21f Film G173 11-9-[illegible]

09931

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09929

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) West Ocean City

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Trimper (Last) Selby
4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH April 1, 1874
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Trimper Sr.
14. MOTHER'S MAIDEN NAME Margaret Borne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m (If yes, give war or dates of service) m
16. SOCIAL SECURITY NO. m
17. INFORMANT Mrs. Morris Wilkins Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812 X Immediate cause (a) Shock sec. to multiple fractures & Contusion minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Skull, Loc. of Scalp, Compound Both Tibias & Fibula

(c) Comminuted fractures both Radius & Ulna,

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route #50 — (CITY OR TOWN) Berlin, Ocean City Highway (COUNTY) Worcester (STATE) Maryland
TIME OF INJURY (Month) Oct (Day) 6 (Year) 54 (Hour) 10:50 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? [illegible] walking on U.S. [illegible] & accident — suddenly [illegible] in front of [illegible] car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Herman C. Rabbitt (Degree or title) M.D. ADDRESS Berlin Maryland DATE SIGNED 10/9/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/9/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 10/12/54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Dennis A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
OCT 18 1954
BUREAU V. S.

09932

MARYLAND 09930

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 555

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City | LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Thomas (Last) Short

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married | 8. DATE OF BIRTH: Aug 24, 1889 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Thomas Short | 14. MOTHER'S MAIDEN NAME: Mary Ellen Bowen (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Laura Maud Short West Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage sec to — Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Advanced Pulmonary — 15 yrs

(c) Tuberculosis Consolidation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ., 19 54, to Oct 2, 19 54, that I last saw the deceased alive on Oct 2, 19 54 and that death occurred at 5.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Herman A Kahlsis M.D | Berlin Md | Oct 4, 1954

23. BURIAL, CREMATION OR REMOVAL (Specify): Buried | DATE: Oct. 5, 1954 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county) (State): Berlin, Md.

DATE REC'D BY LOCAL REG.: 10-5-1954 | REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Peter Whaley | ADDRESS: Selbyville, Del

RECEIVED
OCT 11 1954
BUREAJ V. S.

09931 09933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Rural #2
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) Smith

4. DATE OF DEATH (Month) Oct. (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 10-1899
9. AGE last birthday: 55-7-9 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, (Specify): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Smith
14. MOTHER'S MAIDEN NAME: Caroline Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Glen Duffy, Parsonsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 8 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Hermann Rabbiner M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 10/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct 24/54
NAME OF CEMETERY OR CREMATORY Hutts Chapel
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 10/24/54
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Wm E. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

OCT 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #9934

CERTIFICATE OF DEATH

Reg. Dist. No. .....

#9932

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
LENGTH OF STAY (In this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Newark, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Queen (Middle) Victoria (Last) Tindley

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-31-1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 8 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): near Newark, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Porter

14. MOTHER'S MAIDEN NAME: Leah Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ambrose Porter, Pleasantville, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Endocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Int. Nephritis
DUE TO (c) Hypertension

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 ....., 19 40, to 10-26 ....., 19 54, that I last saw the deceased alive on 10-24 19 54, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schott (Degree or title) M.D. ADDRESS: Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF: 10-30-'54
NAME OF CEMETERY OR CREMATORY: William's Chapel Cemetery
LOCATION (City, town, or county) (State): Newark, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 11/3/54
REGISTRAR'S SIGNATURE: Elwyn Cooper

24. FUNERAL DIRECTOR: Mary A. Stewart, 324 E. Church Street ADDRESS: Salisbury, Maryland
STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09935

09933

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X
LENGTH OF STAY (in this place) 90 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) Mary (Last) Truitt

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 7-1859
9. AGE last birthday 95-4-8 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Salisbury, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dewitt Fooks
14. MOTHER'S MAIDEN NAME: Mary Ann Shackley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr Ben L. Truitt, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardiovascular disease — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Cerebral Vascular Accident — 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypostatic Pneumonitis — 4 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Oct 15, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE Robert L. Lamar M. D. ADDRESS Snow Hill DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct 17/54
NAME OF CEMETERY OR CREMATORY: Bates Methodist
LOCATION (City, town, or county) (State): Snow Hill, Md

DATE REC'D BY LOCAL REGISTRAR: Oct 17, 54
REGISTRAR'S SIGNATURE: Eleanor E. Cooper
24. FUNERAL DIRECTOR: Alvey E. Dennis
ADDRESS: Snow Hill, Md

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09936

CERTIFICATE OF DEATH

09934

Reg. Dist. No. 355

1. PLACE OF DEATH:

COUNTY: Worcester — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin

LENGTH OF STAY (in this place): Most of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Berlin, Md. Rt. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin

STREET ADDRESS (If rural give location): Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Ginn (Last) White

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 20, 1900

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months 10, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Girdletre, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent Ginn

14. MOTHER'S MAIDEN NAME: Anna Mills

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 213-16-8512

17. INFORMANT & ADDRESS: John White, Berlin, Md. Route # 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary embolism	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinoma of breast	about
	(c) DUE TO with widespread metastases	2 yrs

170X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26 1954 to 10/30, 1954, that I last saw the deceased alive on 30 Oct, 1954, and that death occurred at 3:40 PM 30 Oct 54, from the causes and on the date stated above.

SIGNATURE (Degree or title): Ivory U. Suely, Jr. M.D. — ADDRESS: Berlin, Md — DATE SIGNED: 11/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-31-54 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 11-6-54 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church St, Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 9 1954
BUREAU V. S.